

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY

Rec'd
By

| | | | |
|----------------------------|---|--|----------------------------|
| DEPARTMENT TCHSA | NAME OF CONTACT Minnie Sagar/Michelle Schmidt | PHONE NUMBER (503)57-8491 x3612-3618 | BUDGET UNIT 4012 |
|----------------------------|---|--|----------------------------|

TITLE OF GRANT: Women, Infants and Children (WIC) Program AO5

GRANTOR AGENCY: California Department of Public Health-WIC Branch

GRANT OBJECTIVES: To deliver the supplemental Nutrition Program to Women, Infants & Children who meet the eligibility requirements.

GRANT I.D. NO. _____ Federal Catalog No. _____
(If Applicable)

GRANT PERIOD: FROM: 10/01/2025 TO: 09/30/2028

Applicable Code and/or Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____ DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE?
(Check all applicable)

| | | | | |
|-----|----|----------|------------|-----------------------|
| Yes | No | Annually | Indefinite | Specific No. of Years |
| x | | | | 3 |

GRANT FUNDING

FISCAL YEAR: 2025/26

FISCAL YEAR: 2026/27

| | | |
|----------------------|-----------|-----------|
| FEDERAL | \$0.00 | \$0.00 |
| STATE | \$991,551 | \$991,551 |
| OTHER | \$0.00 | \$0.00 |
| 1. TOTAL GRANT FUNDS | \$991,551 | \$991,551 |

COUNTY FUNDING

| | | |
|-----------------------|--------|--------|
| HARD MATCH (dollars) | \$0.00 | \$0.00 |
| SOFT MATCH (In-kind) | \$0.00 | \$0.00 |
| 2. TOTAL COUNTY MATCH | \$0.00 | \$0.00 |

USE OF FUNDS

| | | |
|------------------------------------|-----------|-----------|
| PERSONNEL (attach detail) | \$683,172 | \$608,136 |
| SERVICES/SUPPLIES | \$96,422 | \$190,217 |
| EQUIPMENT | \$0.00 | \$0.00 |
| OTHER CHARGES | \$211,957 | \$193,198 |
| TOTAL FUNDS (must also= 1+2 above) | \$991,551 | \$991,551 |

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: _____ N/A

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES NO ☒

METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: ADVANCE: ☒

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: _____ 10/01/2025

EXPENDITURE DEADLINE: _____ 09/30/2028

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES NO ☒

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) YES ☒ NO ☐
resources _____ Will use existing staff and resources


DEPARTMENT HEAD SIGNATURE

5-28-25
DATE

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY

Rec'd
By

| | | | |
|----------------------------|---|--|----------------------------|
| DEPARTMENT TCHSA | NAME OF CONTACT Minnie Sagar/Michelle Schmidt | PHONE NUMBER (503)57-8491 x3612-3618 | BUDGET UNIT 4012 |
|----------------------------|---|--|----------------------------|

TITLE OF GRANT Women, Infants and Children (WIC) Program AO5

GRANTOR AGENCY California Department of Public Health-WIC Branch

GRANT OBJECTIVES To deliver the supplemental Nutrition Program to Women, Infants & Children who meet the eligibility requirements.

GRANT I.D. NO. _____ Federal Catalog No. _____
(If Applicable)

GRANT PERIOD: FROM: 10/01/2025 TO: 09/30/2028

Applicable Code and/or Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____ DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE?
(Check all applicable)

| | | | | |
|-----|----|----------|------------|-----------------------|
| Yes | No | Annually | Indefinite | Specific No. of Years |
| x | | | | 3 |

GRANT FUNDING

FISCAL YEAR: 2027/28

FISCAL YEAR:

| | | |
|----------------------|-----------|--|
| FEDERAL | \$0.00 | |
| STATE | \$991,551 | |
| OTHER | \$0.00 | |
| 1. TOTAL GRANT FUNDS | \$991,551 | |

COUNTY FUNDING

| | | |
|-----------------------|--------|--|
| HARD MATCH (dollars) | \$0.00 | |
| SOFT MATCH (In-kind) | \$0.00 | |
| 2. TOTAL COUNTY MATCH | \$0.00 | |

USE OF FUNDS

| | | |
|------------------------------------|-----------|--|
| PERSONNEL (attach detail) | \$619,143 | |
| SERVICES/SUPPLIES | \$176,459 | |
| EQUIPMENT | \$0.00 | |
| OTHER CHARGES | \$195,949 | |
| TOTAL FUNDS (must also= 1+2 above) | \$991,551 | |

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: _____ N/A _____

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES NO ☒

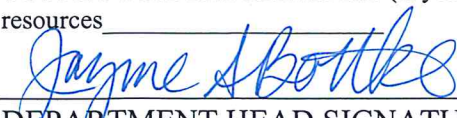
METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: ADVANCE: ☒

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: _____ 10/01/2025 _____

EXPENDITURE DEADLINE: _____ 09/30/2028 _____

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES NO ☒

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) YES ☒ NO ☐
resources _____ Will use existing staff and


DEPARTMENT HEAD SIGNATURE

5-28-25
DATE

REQUIRED DOCUMENT CHECKLIST

October 1, 2025 – September 30, 2028

For Local Government Agencies, complete the "Local Gov't" column. For Non-Profit Agencies, complete the "Non-Profit" column. Check the box for each attachment/document that is included with your Contract Application package.

Attachments 7, 8, 9 and 10 are not required unless applicable to your Contract Application package. A field containing no box indicates that the attachment/document is not applicable to your organization type; therefore, it is not required with the submission of your package.

| Attach # | Attachment/Document Title | Local Gov't | Non-Profit | State Use Only Rec'd By (Initials) |
|----------|--|-------------------------------------|--------------------------|--|
| 1 | Required Documents Checklist | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Certification of Contract Application Package | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Agency Information | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Budget Plan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Justification of Staffing Levels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Certification of Indirect Cost Rate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Justification of Fringe Benefit Rate of 50% or More (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Justification of Bilingual Pay (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Justification of Additional Pay (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Request for Authorization to Subcontract (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Civil Rights Report | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 12 | Languages Spoken by Participants and Staff | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 13 | Summary of Direct Participant Service Sites | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 14 | Frequency of Invoice Submission | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | Indirect Cost Rate Approval Letter | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | Parent Agency Organizational Chart | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | WIC Program Organizational Chart | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

REQUIRED DOCUMENT CHECKLIST

October 1, 2025 – September 30, 2028

| Attach # | Attachment/Document Title | Local Gov't | Non- Profit | <i>State Use Only</i> Rec'd By (Initials) |
|-------------|---|-------------------------------------|--------------------------|---|
| | Board of Directors Roster | | <input type="checkbox"/> | |
| | Proof of 501(c)(3) (Certification from IRS of Non-Profit Status) | | <input type="checkbox"/> | |
| | Darfur Contracting Act (DGS PD 1) <i>(if applicable)</i> | | <input type="checkbox"/> | |
| | Contractor Certification Clause (CCC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | CA Civil Rights Laws Attachment (DGS OLS 04) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | Government Agency Taxpayer ID Form (CDPH 9083) | <input checked="" type="checkbox"/> | | |
| | Payee Data Record (STD 204) | | <input type="checkbox"/> | |
| | Payee Data Record Supplement (STD 205) <i>(if applicable)</i> | | <input type="checkbox"/> | |
| | Certificate of Insurance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

CERTIFICATION OF CONTRACT APPLICATION PACKAGE

October 1, 2025 – September 30, 2028

I, Jayme Bottke, as the person who can legally bind the Agency and Certify the Contract Application package, hereby affirm the following:

- The statements contained in the Contract Application package, and all the supporting documents, are true and accurate, to the best of my knowledge.
- The WIC local agency will comply with all applicable fiscal, administrative and operational requirements as outlined in Federal and State regulations, statutes, policies and procedures, and other communications from the California Department of Public Health, Women, Infants, and Children Division (CDPH/WIC Division).
- The Contract Application package and executed contract, along with all the supporting documentation submitted to the CDPH/WIC Division are public documents, open to public inspections, and any revisions must be made in writing to the CDPH/WIC Division.
- The WIC local agency will spend at least the minimum required amount of allocated funds on nutrition education activities, as described in Exhibit A, Scope of Work, Provision 14.
- The WIC local agency will spend at least the minimum required amount of allocated funds on breastfeeding promotion and support-related activities, as described in Exhibit A, Scope of Work, Provision 15.
- The WIC local agency will maintain the required current certificate of insurance, as described in Exhibit E, Additional Provisions, Provision 2 of the contract.
- If the WIC local agency is a Non-Profit organization, the Non-Profit status is current.

I certify that I have the authority to request a Contract Agreement for the following agency:

Tehama County Health Services Agency

Legal Name of Local Agency

AGENCY INFORMATION

October 1, 2025 – September 30, 2028

| | | | | |
|----------|---|--|---|---|
| A | Agency's Legal Name | Full Legal Name <i>(do not abbreviate)</i> Tehama County Health Services Agency | | |
| B | Type of Organization | <input checked="" type="checkbox"/> Local Government <input type="checkbox"/> Private Non-Profit | Unique Entity Identifier (UEI) #: HWMBGUYSF3N5 (12-character alphanumeric ID) | Assistance Listings Number (ALN) #: 10.557 Federal Employers' ID #:94-6000543 |
| C | Parent Agency's Physical Street Address | Physical Street Address 818 Main Street City, State, and Zip Code Red Bluff CA 96080 | | |
| D | Parent Agency's Mailing Address | Mailing Address <i>(if different than street address)</i> P. O. Box 400 City, State, and Zip Code Red Bluff CA 96080 | | |
| E | Parent Agency's Shipping Address | Shipping Address <i>(if different than mailing address)</i> 818 Main Street City, State, and Zip Code Red Buff, CA 96080 | | |
| F | Remittance Mailing Address | Attention <i>(contract will reflect "Cashier" unless otherwise listed below)</i> Deanna Gee Mailing Address <i>(address where payments should be sent)</i> PO Box 400 City, State, and Zip Code Red Bluff CA 96080 Email Address <i>(must match email address listed on current STD204/CDPH9083)</i> Deanna.gee@tchsa.net | | |
| G | Additional Addressees for Executed Contract <i>(if applicable)</i> | Email Address <i>(will be used for Cc on email to WIC Director)</i> minnie.sagar@tchsa.net Email Address <i>(will be used for Cc on email to WIC Director)</i> michelle.schmidt@tchsa.net | | |
| H | Certification of Package | Authorized Representative's Printed Name <i>(person who can legally bind the agency and certify the package)</i> Jayme Bottke Title and Credentials Executive Director Physical Street Address 818 Main Street City, State, and Zip Code Red Bluff, CA 96080 | | |

AGENCY INFORMATION

October 1, 2025 – September 30, 2028

| | | | |
|---|--------------------------------|---|--|
| I | Contract Signature | Authorized Signatory's Printed Name <i>(person who can legally bind the agency and sign the contract)</i> Jayme Bottke | |
| | | Title and Credentials Executive Director | |
| | | Physical Street Address 818 Main Street | |
| | | City, State, and Zip Code Red Bluff CA 96080 | |
| | | J | Agency Director <i>(CEO or Highest Public Health Director/Officer)</i> |
| Title and Credentials Executive Director | | | |
| Physical Street Address 818 Main Street | | | |
| City, State, and Zip Code Red Bluff CA 96080 | | | |
| Mailing Address <i>(if different)</i> PO Box 400 Red Bluff, CA 96080 | Telephone #: (530) 528-3216 | | |
| Email Address jayme.bottke@tchsa.net | Fax #: (530) 527-0703 | | |
| K | WIC Director | | |
| | | Title and Credentials SPHN Assistant Executive Director of Program | |
| | | Physical Street Address 818 Main Street | |
| | | City, State, and Zip Code Red Bluff CA 96080 | |
| | | Mailing Address <i>(if different)</i> PO Box 400 Red Bluff CA 96080 | Telephone #: (530) 527-8791 |
| | | Email Address michelle.schmidt@tchsa.net | Fax #: (530) 527-2822 |

AGENCY INFORMATION

October 1, 2025 – September 30, 2028

| | | | |
|--|---|--|--------------------------------------|
| L | Nutrition Education Coordinator | Name Vacant | |
| | | Title and Credentials Registered Dietician | |
| | | Physical Street Address 1850 Walnut Street Building H | |
| | | City, State, and Zip Code Red Bluff CA 96080 | |
| | | Mailing Address (<i>if different</i>) PO Box 400 Red Bluff CA 96080 | Telephone #: () - |
| | | Email Address | Fax #: () - |
| | | M | Breastfeeding Coordinator |
| Title and Credentials Nutrition Assistant II, CLE | | | |
| Physical Street Address 1850 Walnut Street Building H | | | |
| City, State, and Zip Code Red Bluff CA 96080 | | | |
| Mailing Address (<i>if different</i>) PO Box 400 Red Bluff CA 96080 | Telephone #: (530) 527-8791 | | |
| Email Address mayra.cook@tchsa.net | Fax #: (530) 527-6150 | | |
| N | Primary Local Vendor Liaison Contact | | |
| | | Title and Credentials SPHN Assistant Executive Director of Program | |
| | | Physical Street Address 818 Main Street | |
| | | City, State, and Zip Code Red Bluff CA 96080 | |
| | | Mailing Address (<i>if different</i>) PO Box 400 Red Bluff CA | Telephone #: (530) 527-8791 |
| | | Email Address michelle.schmidt@tchsa.net | Fax #: (530) 527-6150 |

AGENCY INFORMATION

October 1, 2025 – September 30, 2028

| | | | |
|---------------------------------|--|-------------------------------|--|
| O | National Voter Registration Act Coordinator | Name | |
| | | Terry Cabral | |
| | | Title and Credentials | |
| | | Nutrition Assistant II, CLE | |
| | | Physical Street Address | |
| | | 1850 Walnut Street Building H | |
| | | City, State, and Zip Code | |
| | | Red Bluff, CA 96080 | |
| Mailing Address (if different) | | Telephone #: | |
| P.O. Box 400 Red Bluff CA 96080 | | (530) 527-8791 | |
| Email Address | | Fax #: | |
| Terry.cabral@tchsa.net | | (530) 527-6150 | |
| P | Outreach Coordinator | Name | |
| | | Angelica Trenado | |
| | | Title and Credentials | |
| | | Nutrition Assistant II CLE | |
| | | Physical Street Address | |
| | | 1850 Walnut Street Building H | |
| | | City, State, and Zip Code | |
| | | Red Bluff CA 96080 | |
| Mailing Address (if different) | | Telephone #: | |
| PO Box 400 Red Bluff CA 96080 | | (530) 527-8791 | |
| Email Address | | Fax #: | |
| angelica.trenado@tchsa.net | | (530) 527-6150 | |
| Q | Staff Training Coordinator | Name | |
| | | Vacant | |
| | | Title and Credentials | |
| | | Registered Dietician | |
| | | Physical Street Address | |
| | | 1850 Walnut Street Building H | |
| | | City, State, and Zip Code | |
| | | Red Bluff CA 96080 | |
| Mailing Address (if different) | | Telephone #: | |
| PO. Box 400 Red Bluff CA 96080 | | () - | |
| Email Address | | Fax #: | |
| | | () - | |

AGENCY INFORMATION

October 1, 2025 – September 30, 2028

| | | | |
|---------------------------------------|---|-------------------------------|--|
| R | Civil Rights Coordinator <i>(if applicable)</i> | Name | |
| | | Terry Cabral | |
| | | Title and Credentials | |
| | | Nutrition Assistant II CLE | |
| | | Physical Street Address | |
| | | 1850 Walnut Street Building H | |
| | | City, State, and Zip Code | |
| Red Bluff, CA 96080 | | | |
| Mailing Address <i>(if different)</i> | | Telephone #: | |
| PO Box 400 Red Bluff CA 96080 | | (530) 527-8791 | |
| Email Address | | Fax #: | |
| terry.cabral@tchsa.net | | (530) 527-6150 | |
| S | Farmers' Market Nutrition Program Local Agency Coordinator <i>(if applicable)</i> | Name | |
| | | Laura Martinez | |
| | | Title and Credentials | |
| | | Nutrition Assistant II-CLE | |
| | | Physical Street Address | |
| | | 1850 Walnut Street Building H | |
| | | City, State, and Zip Code | |
| Red Bluff, CA 96080 | | | |
| Mailing Address <i>(if different)</i> | | Telephone #: | |
| PO Box 400 Red Bluff CA 6080 | | (530) 527-8791 | |
| Email Address | | Fax #: | |
| laura.martinez@tchsa.net | | (530) 527-6150 | |
| T | Information Technology Point of Contact | Name | |
| | | Vacant | |
| | | Title and Credentials | |
| | | IT Supervisor | |
| | | Physical Street Address | |
| | | 818 Main Street | |
| | | City, State, and Zip Code | |
| Red Bluff CA 96080 | | | |
| Mailing Address <i>(if different)</i> | | Telephone #: | |
| PO Box 400 Red Bluff CA 96080 | | () - | |
| Email Address | | Fax #: | |
| | | () - | |

AGENCY INFORMATION

October 1, 2025 – September 30, 2028

| | |
|----------|---|
| U | SERVICES PROVIDED |
| | <p>Check the appropriate box describing the relative availability of health and administrative services to be made available at your WIC local agency to all WIC participants:</p> <p><input type="checkbox"/> Public or private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.</p> <p><input type="checkbox"/> Public or private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.</p> <p><input type="checkbox"/> Public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants, or children).</p> <p><input type="checkbox"/> Public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care.</p> <p><input checked="" type="checkbox"/> Public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.</p> <p><i>Authority: 7 CFR 246.5 (d)(1)</i></p> |

AGENCY INFORMATION

October 1, 2025 – September 30, 2028

V LIST OF THE FIVE HIGHEST COMPENSATED OFFICERS

Report the Name, Title and Total Annual Compensation of the five (5) most highly compensated officers of the proposed parent agency if one or more of the following conditions apply:

1. The parent agency in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards.
2. The parent agency received \$25 million or more in annual gross revenue in its preceding fiscal year, from (a) Federal procurement contracts and subcontracts, and (b) Federal grants, subgrants, and cooperative agreements; and the amount so received amounted to 80 percent or more of its annual gross revenues.
3. The public does not have access to information about the grantee's executive compensation through periodic reports filed with the Securities and Exchange Commission under the Securities Exchange Act of 1934 or with the Internal Revenue Service under the Internal Revenue Code of 1986.

Check if not applicable to your organization ☐

Authority: 2 CFR Part 170, Appendix A, Section 1.b.

| Name | Title | Total Annual Compensation |
|------------------|--------------------------------------|---------------------------|
| Jayme Bottke | Executive Director | \$186,239 |
| Dr. Brian Lair | Physician | \$179,157 |
| Deanna Gee | Assistant Executive Director Admin | \$168,723 |
| Michelle Schmidt | Assistant Executive Director Program | \$145,749 |
| Meenakshi Sagar | Public Health Director | \$152,859 |

Exhibit B, Attachment I
NSA Detail
October 1, 2025 - September 30, 2028

| PERSONNEL | Exhibit A, SOW 8. | Exhibit A, Attach I | Minimum Base Annual Salary | Maximum Base Annual Salary | Year 1 10/1/2025 - 9/30/2026 | | Year 2 10/1/2026 - 9/30/2027 | | Year 3 10/1/2027 - 9/30/2028 | | Total |
|--|----------------------|------------------------|-------------------------------------|-------------------------------------|---------------------------------|--------------------|---------------------------------|--------------------|---------------------------------|--------------------|---------------------|
| | | | | | FTE | Budgeted Amount | FTE | Budgeted Amount | FTE | Budgeted Amount | |
| WIC Position Title | | | | | | | | | | | |
| Interim WIC Director | 1-22 | 1-8 | 138,809 | 168,723 | 0.05 | 8,436 | 0.00 | - | 0.00 | - | 8,436 |
| Program Manager/ WIC Director in Training | 1-22 | 1-8 | 91,229 | 110,885 | 0.65 | 61,078 | 0.65 | 65,353 | 0.60 | 64,549 | 190,980 |
| Registered Dietitian, Nutrition Education & Staff Training Coordinator | 3, 5-10,12,14,15 | 1-5,7 | 58,490 | 61,474 | 0.85 | 55,728 | 0.85 | 58,955 | 0.85 | 61,474 | 176,157 |
| WIC Nutrition Assistant II, NVRA Coordinator | 3, 5-10,12,14,15 | 1-5 | 41,392 | 58,712 | 1.00 | 56,432 | 1.00 | 57,561 | 1.00 | 58,712 | 172,705 |
| WIC Nutrition Assistant II, Breastfeeding Coordinator | 10, 12, 14, 15, 18 | 1-5,8 | 41,392 | 58,712 | 1.00 | 56,432 | 1.00 | 57,561 | 1.00 | 58,712 | 172,705 |
| WIC Nutrition Assistant II, FMNP Coordinator | 3, 5-10,12,14,15 | 1-5,8 | 41,392 | 58,712 | 1.00 | 56,432 | 1.00 | 57,561 | 1.00 | 58,712 | 172,705 |
| WIC Nutrition Assistant II, Outreach Coordinator | 3, 5-10,12,14,15 | 1-5 | 41,392 | 58,712 | 1.00 | 56,432 | 1.00 | 57,561 | 1.00 | 58,712 | 172,705 |
| WIC Nutrition Assistant I | 6,7,9,12,15 | 3-5 | 37,502 | 53,272 | 1.00 | 51,204 | 1.00 | 52,228 | 1.00 | 53,272 | 156,704 |
| Overtime (3) | 0 | 0 | | | | | | | | | - |
| Salaries and Wages | | | | | | 402,174 | | 408,780 | | 414,143 | 1,223,097 |
| Total FTE | | | | | 6.55 | | 6.50 | | 6.45 | | |
| Fringe Benefits (4) | | | | | Percent | Budgeted Amount | Percent | Budgeted Amount | Percent | Budgeted Amount | Total |
| | | | | | 69.87% | 280,998 | 49.50% | 201,356 | 49.50% | 205,000 | 687,354 |
| TOTAL PERSONNEL | | | | | | 683,172 | | 608,136 | | 619,143 | 1,910,451 |
| OPERATING | Exhibit A, SOW 8. | Exhibit A, Attach I | | | | Budgeted Amount | | Budgeted Amount | | Budgeted Amount | Total |
| General Expenses (5) | 5-7,17-21,23,25 | 1-10 | | | | 85,422 | | 179,217 | | 165,459 | 430,098 |
| Travel (6) | 8 | 1-10 | | | | 2,000 | | 2,000 | | 2,000 | 6,000 |
| Training | 4,5,7,17,21,23 | 1-10 | | | | 5,000 | | 5,000 | | 5,000 | 15,000 |
| Outreach/Media/Promotion | 17 | 1-10 | | | | 11,000 | | 11,000 | | 11,000 | 33,000 |
| Facility Costs (See Exhibit B, Attach II for breakdown) (7) | 11,23 | 1-10 | | | | 34,164 | | 34,164 | | 34,164 | 102,492 |
| TOTAL OPERATING | | | | | | 137,586 | | 231,381 | | 217,623 | 586,590 |
| CAPITAL EXPENDITURES (8) (Unit Cost of \$5,000 or More) | Exhibit A, SOW 8. | Exhibit A, Attach I | | | | Budgeted Amount | | Budgeted Amount | | Budgeted Amount | Total |
| Equipment (9) | 6,17,18,20,21 | 1-10 | | | | | | | | | - |
| Vehicles (10) | 8,17,18,19 | 1-10 | | | | | | | | | - |
| TOTAL CAPITAL EXPENDITURES | | | | | | - | | - | | - | - |
| OTHER COSTS (11) | Exhibit A, SOW 8. | Exhibit A, Attach I | | | | Budgeted Amount | | Budgeted Amount | | Budgeted Amount | Total |
| 0 | 0 | 0 | | | | | | | | | - |
| TOTAL OTHER COSTS | | | | | | - | | - | | - | - |
| INDIRECT | | | | | Percent | Budgeted Amount | Percent | Budgeted Amount | Percent | Budgeted Amount | Total |
| Total Personnel Costs | | | | | 25.00% | 170,793 | 25.00% | 152,034 | 25.00% | 154,785 | 477,612 |
| TOTAL INDIRECT | | | | | | 170,793 | | 152,034 | | 154,785 | 477,612 |
| TOTAL BUDGET | | | | | | \$ 991,551 | | \$ 991,551 | | \$ 991,551 | \$ 2,974,653 |

Contract Year:

Contract Amount:

Funding Changes:

Checks/Balances:

| Year 1 |
|------------|
| \$ 991,551 |
| \$ - |
| \$ - |

| Year 2 |
|------------|
| \$ 991,551 |
| \$ - |
| \$ - |

| Year 3 |
|------------|
| \$ 991,551 |
| \$ - |
| \$ - |

*All costs will be reviewed by CDPH for approval

(1) Bilingual - Positions that receive Bilingual pay may show a higher budgeted amount. Justification and back-up documentation will be kept on file.

(2) Additional Pay (i.e., Longevity, Retention, Differential pay and COLA) - Positions that receive one or more of these additional compensations may show a higher budgeted amount. Justification and back-up documentation will be kept on file.

(3) Overtime - Requires justification if amount does not seem reasonable. Justification will be kept on file.

(4) Fringe Benefits - Justification and back-up documentation will be kept on file for any fringe benefit rate that exceeds 50%.

(5) General Expenses - Includes: Minor equipment (i.e., office furniture, IT equipment, anthropometric items), professional certifications, audit costs, vehicle maintenance, IT maintenance, program materials, office expenses, etc.

(6) Travel - All costs reimbursed shall be in accordance with CalHR rates.

(7) Facility Costs - Includes Rent, Utilities, Janitorial, Security, and Maintenance.

(8) Capital Expenditures - Unit cost must be \$5,000 or more. Refer to Exhibit D, Provision 1 for procurement rules.

(9) Equipment - Includes items such as: Telephone systems, information technology equipment, photocopy machines, etc.

(10) Vehicles - Will be used for Facility Site Visits, Conferences, Trainings, and Outreach.

(11) Other Costs - List the subcontractor's name and brief description of services provided.

Confidential - Low

Confidential - Low

JUSTIFICATION OF STAFFING LEVELS

October 1, 2025 – September 30, 2028

WIC local agencies shall ensure sufficient and qualified staff is available to administer an efficient and effective WIC Program including, but not limited to, the functions of nutrition education, breastfeeding promotion and support, certification, food delivery, fiscal reporting, monitoring, and training. Refer to the “Staffing Standards” outlined in the Exhibit A, Scope of Work (SOW).

Provide a written justification below explaining how your staffing levels will meet the WIC Program requirements detailed in the Exhibit A, SOW, and the Exhibit A, Attachment I, Statement of Work. Include how the number of Registered Dietitians and other staff is sufficient to provide client and nutrition services, including the development and the implementation of the Nutrition Services Plan.

Written Justification

Terry Cabral - **NVRA Coordinator WNA II 1.0 FTE** - Will implement the NVRA/Civil Rights Coordinator duties as well as implementation of Tasks 1 - 5 of Attachment A of the Contract.

Mayra Cook - **Breastfeeding Coordinator WNA II 1.0 FTE** - Will implement the Breastfeeding coordinator role duties as outlined in Task 4 Activities 1 - 4 of Attachment A of the Contract. In addition, they will also implement Tasks 1 - 3 & 5.

Laura Martinez - **FMNP Coordinator WNA II 1.0 FTE** - Will implement Tasks 1 - 5 and 8 the Farmers Market Nutrition Program

Angelica Trenado – **Outreach Coordinator WNA II 1.0 FTE** - Will implement tasks 1 - 5 as outlined in Attachment A within the Corning office

Sonia Martinez - **WNA I 1.0 FTE** - will be responsible for providing support to the WIC Director and Nutrition Assistants and will play a primary role in implementing the separation of duties

Vacant – **RD .85 FTE** - will be responsible for implementation of Tasks 1-4 and 7 of Attachment A of the Contract. They will assume the responsibility of being the **Nutrition Education Coordinator** and the staff **Training Coordinator**. At the time of this application this requirement is currently being met through a contract for RD services through the Center for Healthy Communities, but we hope to have an RD in place before the beginning of this grant cycle.

Vacant - IT Supervisor - will provide *in-kind services* and be the **Information Technology Point of contact** for Tehama County WIC. Is responsible for working together with the local WIC and state WIC to assist with information technology services.

Minnie Sagar - PH Director/ **Interim WIC Director** - will provide *in-kind services* and will provide support and oversight of the WIC staff and ensuring that the Tasks 1-9 in the WIC

JUSTIFICATION OF STAFFING LEVELS

October 1, 2025 – September 30, 2028

Scope of Work Attachment A of the contract are being implemented according to WIC policy. Will also **assist in training the Program Manager to be the WIC Director.**

Michelle Schmidt - **Interim WIC Director .05 FTE (paid, year 1 only)** will be the Local Vendor liaison and assist with seeing high risk clients as needed. **The interim WIC Director will also play a key role in training the Program Manager to be the WIC Director.** Additional time above the .05 FTE to meet the requirements will be in kind

Program Manager – Vacant - This position at .65FTE (*in years 1 & 2, .06 FTE in year 3*) will be in training to become the permanent WIC Director

| Position Title | Description/Comments | FTE | Staff Count | BFPC | RBL |
|-------------------------------|--|---|-------------|---|--------------------------|
| | | Individual/person count (i.e. 1 FTE can have 2 persons in position) | | Checked indicates "Yes" position works in BFPC and/or RBL role(s) | |
| WIC Nutrition Assistants II | <ul style="list-style-type: none"> - NVRA - BFPC - FMNP - Outreach Coord. | 4.0 | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| WIC Nutrition Assistant I | Provides SOD | 1.0 | 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered Dietician (vacant) | <ul style="list-style-type: none"> - Nut. Edu. Coord. - Staff Train. Coord. | 0.85 | 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| Program Manager (vacant) | This position will be the WIC Director in Training | 0.65 | 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| Interim WIC Director | <ul style="list-style-type: none"> - LVL, - new Prog. Mgr. Training - HR clients as needed | 0.05 | 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| IT Point of Contact | In kind services | n/a | 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| PH Director | In kind services <ul style="list-style-type: none"> - support for Interim WIC Director - new Prog. Mgr. Training | n/a | 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CERTIFICATION OF INDIRECT COST RATE

October 1, 2025 – September 30, 2028

List the Indirect Cost Rate (ICR) percentage(s) that you will be using for the contract with the California Department of Public Health, Women, Infants and Children Division (CDPH/WIC Division). See 2 CFR 200.414 Indirect (F&A) costs for further information.

Legal Name of Local Agency:

Tehama County Health Services Agency

Non-Profit Agencies with an Approved Rate:

Non-Profit Agencies that have an approved rate from their Federal cognizant agency may charge their approved rate or may elect to charge less than the approved rate. A copy of the ICR approval letter from the Federal cognizant agency is required with the package.

Complete the following with the percentage and methodology listed in the ICR approval letter:

_____ Percent of ☐ Total Personnel Costs ☐ Total Direct Costs

The ICR percentage(s) listed below must match the percentage(s) listed in Attachment 4.

Year 1: _____ Year 2: _____ Year 3: _____

Non-Profit Agencies without an Approved Rate:

Non-Profit Agencies that do not have a current negotiated (including provisional) rate may elect to charge the de minimis rate of 15% of modified total direct costs (MTDC), which may be used indefinitely. However, this rate must be used consistently for all Federal awards until such time they choose to negotiate a rate.

Check the box below to confirm your agency is eligible and is electing to charge the 15% (or less) de minimis rate based on MTDC (Total Personnel Costs + Total Operating Expenses + Subcontracts up to \$25,000). To determine eligibility, see 2 CFR 200.414, paragraph (f).

☐ 15% (or less) de minimis rate of MTDC (option 3 on the drop-down list on Attachment 4)

The ICR percentage(s) listed below must be 15% or less and match the percentage(s) listed in Attachment 4.

Year 1: _____ Year 2: _____ Year 3: _____

Local Government Agencies:

Local Government Agencies may charge their rate approved by CDPH or may elect to charge less than its approved rate. A copy of the ICR approval letter from CDPH is required with the package.

Complete the following with the percentage and methodology listed in the ICR approval letter:

25 _____ Percent of ☒ Total Personnel Costs ☐ Total Direct Costs

The ICR percentage(s) listed below must match the percentage(s) listed in Attachment 4.

Year 1: 25 _____ Year 2: 25 _____ Year 3: 25 _____

JUSTIFICATION OF FRINGE BENEFIT RATE OF 50% OR MORE

October 1, 2025 – September 30, 2028

Provide justification if the Fringe Benefit Rate is 50% or more for any of the contract years. Attach a copy of the union contract, or other official documentation (i.e., board approval, HR documentation, etc.) from your organization, and a spreadsheet (example below) that justifies the Fringe Benefit Rate.

Spreadsheet Example:

Local Agency Legal Name
Local Agency Contract Number

| WIC Position Title | FTE | Official Classification Title | Retirement Salaries | Retirement FICA/M-C | OPEB | Health | Dental | Vision | UI | Total Benefits | Benefit % | Total Personnel |
|--|------|----------------------------------|------------------------|------------------------|----------|-----------|----------|--------|--------|-------------------|---------------|--------------------|
| PROGRAM MANAGER | 1.00 | PROGRAM MANAGER | 98,245.34 | 34,722.85 | 8,547.34 | 8,250.24 | 460.95 | 98.16 | 464.00 | 52,543.54 | 53.48% | \$ 150,788.88 |
| WIC NUTRITION ASSISTANT | 1.00 | HEALTH TECHNICIAN I | 31,001.17 | 11,535.34 | 2,730.82 | 8,926.10 | 460.95 | 98.16 | 117.71 | 23,869.08 | 76.99% | \$ 54,870.25 |
| WIC NUTRITION ASSISTANT/PEER COUNSELOR | 1.00 | HEALTH TECHNICIAN II/GV | 39,663.17 | 14,576.21 | 3,450.70 | 8,254.80 | 460.95 | 98.16 | 150.72 | 26,991.54 | 68.05% | \$ 66,654.71 |
| SENIOR WIC NUTRITION ASSISTANT | 1.00 | HEALTH TECHNICIAN SR | 43,110.06 | 14,730.71 | 3,750.58 | 17,940.79 | 1,295.51 | 243.36 | 163.82 | 38,124.76 | 88.44% | \$ 81,234.82 |
| WIC NUTRITIONIST | 1.00 | NUTRITIONIST | 67,022.16 | 24,630.64 | 5,830.93 | 17,940.79 | 1,295.51 | 243.36 | 254.68 | 50,195.91 | 74.89% | \$ 117,218.06 |
| WIC DIRECTOR | 1.00 | NUTRITIONIST SR | 82,489.14 | 28,186.54 | 7,176.56 | 17,940.79 | 1,295.51 | 243.36 | 313.46 | 55,156.21 | 66.86% | \$ 137,645.35 |
| WIC NUTRITION ASSISTANT | 1.00 | HEALTH TECHNICIAN II/Trk | 45,798.32 | 15,649.29 | 3,984.45 | 17,940.79 | 1,295.51 | 243.36 | 174.03 | 39,267.43 | 85.78% | \$ 85,085.76 |
| Totals | | | 407,329.36 | | | | | | | 286,168.47 | 70.25% | |

Enter Justification Below:

Tehama County's fringe benefit rate averages 69.87% for FFY 2025-2026. This rate includes costs associated with such as CalPERS retirement, life insurance, and medical, vision and dental insurance premiums. Rates change per employee based on annual salary amounts.

| EMPLOYEE NAME | TITLE | STEP | MONTHLY DEFERRED TOTAL | | | PARTIAL | TOTAL | Unfunded | HEALTH | | WORKERS | TOTAL | TOTAL | TOTAL S&B | | Salary | Benefit | Benefit % |
|------------------------|------------------------|------|------------------------|------|-----------|------------|------------|-----------|----------|-----------|---------|--------|-----------|-----------|------------|-----------|-----------|-----------|
| | | | SALARY | COMP | SALARY | RETIREMENT | RETIREMENT | Liability | OASDI | INS | UNEMPL | COMP | BENEFITS | SAL & BEN | PER PERSON | | | |
| CABRAL, TERRY | NUTR ASST II bilingual | E | 4507.4 | 360 | 28215.75 | 2637.94 | 2637.94 | | 2158.51 | 11092.8 | 55.71 | 547.51 | 16492.47 | 44708.22 | | | | |
| CABRAL, TERRY | NUTR ASST II bilingual | E | 4507.4 | 360 | 28215.75 | 2637.94 | 2637.94 | 7793.88 | 2158.51 | 12202.08 | 55.71 | 547.51 | 25395.63 | 53611.38 | 98319.61 | 56,431.50 | 41,888.10 | 74.228% |
| COOK, MAYRA | NUTR ASST II bilingual | E | 4507.4 | 360 | 28,215.75 | 2637.94 | 2637.94 | | 2158.51 | 11,092.80 | 55.71 | 547.51 | 16,492.47 | 44,708.22 | | | | |
| COOK, MAYRA | NUTR ASST II bilingual | E | 4507.4 | 360 | 28,215.75 | 2,637.94 | 2,637.94 | 7,793.88 | 2,158.51 | 12,202.08 | 55.71 | 547.51 | 25,395.63 | 53,611.38 | 98,319.61 | 56,431.50 | 41,888.10 | 74.228% |
| MARTINEZ, LAURA | NUTR ASST II bilingual | E | 4507.4 | 360 | 28215.75 | 2637.94 | 2637.94 | | 2158.51 | 11092.8 | 55.71 | 547.51 | 16492.47 | 44708.22 | | | | |
| MARTINEZ, LAURA | NUTR ASST II bilingual | E | 4507.4 | 360 | 28215.75 | 2637.94 | 2637.94 | 7793.88 | 2158.51 | 12202.08 | 55.71 | 547.51 | 25395.63 | 53611.38 | 98319.61 | 56,431.50 | 41,888.10 | 74.228% |
| TRENADO, ANGELICA | NUTR ASST II bilingual | E | 4507.4 | 600 | 47,026.25 | 4396.57 | 4396.57 | | 3597.51 | 19,227.52 | 92.85 | 912.52 | 28,226.97 | 75,253.23 | | | | |
| TRENADO, ANGELICA | NUTR ASST II bilingual | E | 4507.4 | 120 | 9,405.25 | 879.31 | 879.31 | 7,793.88 | 719.50 | 4,067.36 | 18.57 | 182.5 | 13,661.13 | 23,066.38 | 98,319.61 | 56,431.50 | 41,888.10 | 74.228% |
| VACANT REG DIET I/II | REG DIET I/II | A | 5239.69 | 360 | 32741.3 | 3066.51 | 3066.51 | | 2504.71 | 11092.8 | 64.76 | 749.82 | 17478.6 | 50219.91 | | | | |
| VACANT REG DIET I/II | REG DIET I/II | A | 5239.69 | 360 | 32741.3 | 3066.51 | 3066.51 | 9043.95 | 2504.71 | 12202.08 | 64.76 | 749.82 | 27631.83 | 60373.13 | 110593.04 | 65,482.60 | 45,110.43 | 68.889% |
| VACANT PROGRAM MANAGER | PH PROGRAM MANAGER | A | 7416.93 | 360 | 46,196.65 | 4340.73 | 4340.73 | | 3534.04 | 11,092.80 | 91.67 | 896.43 | 19,955.67 | 66,152.32 | | | | |
| VACANT PROGRAM MANAGER | PH PROGRAM MANAGER | A | 7416.93 | 360 | 46,196.65 | 4,340.73 | 4,340.73 | 12,760.64 | 3,534.04 | 12,202.08 | 91.67 | 896.43 | 33,825.60 | 80,022.24 | 146,174.56 | 92,393.30 | 53,781.27 | 58.209% |
| MARTINEZ, SONIA | NURT ASST I Bilingual | E | 4084.43 | 360 | 25601.76 | 2390.39 | 2390.39 | | 1958.53 | 11092.8 | 50.48 | 152.57 | 15644.78 | 41246.54 | | | | |
| MARTINEZ, SONIA | NURT ASST I Bilingual | E | 4084.43 | 360 | 25601.76 | 2390.39 | 2390.39 | 7071.83 | 1958.53 | 12202.08 | 50.48 | 152.57 | 23825.89 | 49427.65 | 90674.18 | 51,203.52 | 39,470.67 | 77.086% |

JUSTIFICATION OF BILINGUAL PAY

October 1, 2025 – September 30, 2028

Bilingual Pay should be included in the WIC Position's budgeted amount on the Exhibit B, Budget Detail worksheet, not in their Minimum and Maximum Base Annual Salary range. Footnote number 1 (i.e., ①) should be placed by each WIC Position Title receiving this pay.

If Bilingual Pay is included in your Personnel Line Item, provide a written justification for each WIC Position Title receiving this pay. Attach a copy of the union contract, or other official documentation (i.e., board approval, HR documentation, etc.) from your organization, and indicate the applicable page number(s) in your justification below.

Tehama County authorizes bilingual pay for specific positions when it is determined to be necessary to meet a department's responsibilities in providing direct public contact, either orally or in writing.

Bilingual staff in the Women, Infants & Children Program (WIC) is necessary in order to meet our population's needs. The Tehama County Health Services Agency (TCHSA) WIC program has the following bilingual staff:

(One) WIC Nutrition Assistant I Bilingual

(Four) WIC Nutrition Assistant II Bilingual

Article 10 of the MOU between the REPRESENTATIVES OF THE COUNTY OF TEHAMA and THE REPRESENTATIVES OF THE JOINT COUNCIL - starting on document's page 11.

ARTICLE 10: BILINGUAL PAY

10.1 The County authorizes 7.5% bilingual pay when it is determined to be necessary to meet a department's responsibilities in providing direct public contact, either orally or in writing. Employees deemed eligible for bilingual pay must first successfully complete a bilingual proficiency exam to ensure they possess the necessary skills to provide bilingual services. All employees being considered for bilingual pay will be tested using a bilingual proficiency examination, methods, and/or vendors approved by the County Personnel Office.

10.2 Any employee not receiving bilingual pay who believes he or she uses bilingual skills in providing direct public contact, either orally or in writing, may make written request to his or her department head for bilingual designation and eligibility for bilingual pay. The employee will be entitled to a response from the department head within fifteen (15) working days.

CIVIL RIGHTS REPORT

October 1, 2025 – September 30, 2028

Per Federal requirements, local agencies must ensure that all applicants/participants are served equally, and shall not be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under the WIC Program based on the following categories: race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity.

Has the local agency had any civil rights complaints filed against it by a participant, or experienced any other civil rights issues in the past three years?

Yes ☐ No ☒

If yes, has the local agency corrected all past substantiated civil rights problems or noncompliance situations?

Yes ☐ No ☐ N/A ☒

If no, please explain:

LANGUAGES SPOKEN BY PARTICIPANTS AND STAFF

October 1, 2025 – September 30, 2028

1. In the table below, list all of the languages (other than English) spoken by participants, the total number of participants speaking each language, the percentage of total caseload speaking each language, and the number of Full-Time Equivalent (FTE) WIC Positions fluent in each language.

| Languages Spoken | # of Participants | % of Total Caseload | FTE Fluent in Language |
|------------------------|-------------------|---------------------|------------------------|
| English | 1567 | 77.38 % | 8 |
| Spanish | 453 | 22.37 % | 5 |
| Hmong | 2 | .1 % | 0 |
| American Sign Language | 1 | .05 % | 0 |
| Mixteca | 1 | .05 % | 0 |
| Russian | 1 | .05 % | 0 |
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| | | % | |

2. Explain how your local agency will meet the needs of non-English speaking participants/applicants who require translation/interpretation services when bilingual WIC staff are not available.

Tehama County Health Services Agency has a telephone language line or virtual sign language available for other languages or if bilingual staff aren't present.

| | |
|-------------------------|-------------------------------------|
| Local Agency Legal Name | Tehama County Health Service Agency |
| Contract Number | 25-10222 |
| Telephone Number | (530)527-8791 |
| Total Caseload | 2,089 |

Rev. 2/2022

FREQUENCY OF INVOICE SUBMISSION

October 1, 2025 – September 30, 2028

Please select your organization's invoice submission frequency. If bi-weekly is selected, justification must be included.

| Invoice Frequency | |
|-------------------|-------------------------------------|
| Bi-Weekly | <input type="checkbox"/> |
| Monthly | <input type="checkbox"/> |
| Quarterly | <input checked="" type="checkbox"/> |

Justification for bi-weekly submission:



ERICA PAN, MD, MPH, FAAP,
FIDSA
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

January 31, 2025

Deanna Gee
Assistant Executive Director, Administration
Tehama County
P.O. Box 400
Red Bluff, CA 96080

Dear Deanna Gee:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is excited to have a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year (FY) 2025-2026, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

25.00% calculated based on Salaries, Wages and Fringe Benefits

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

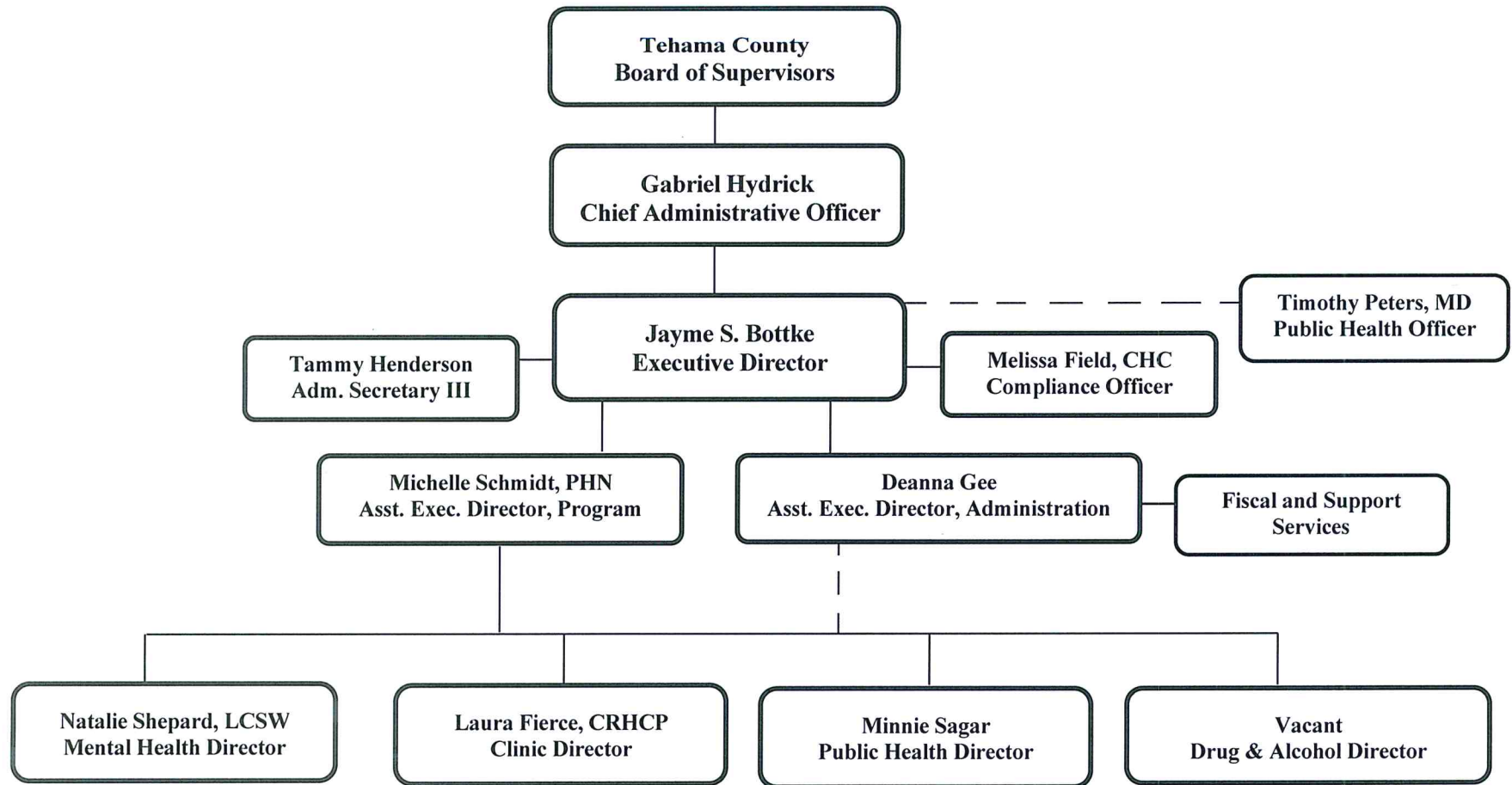
We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2025 or later.

If you have any questions, contact CDPH at CDPH-ICR-Mailbox@cdph.ca.gov.

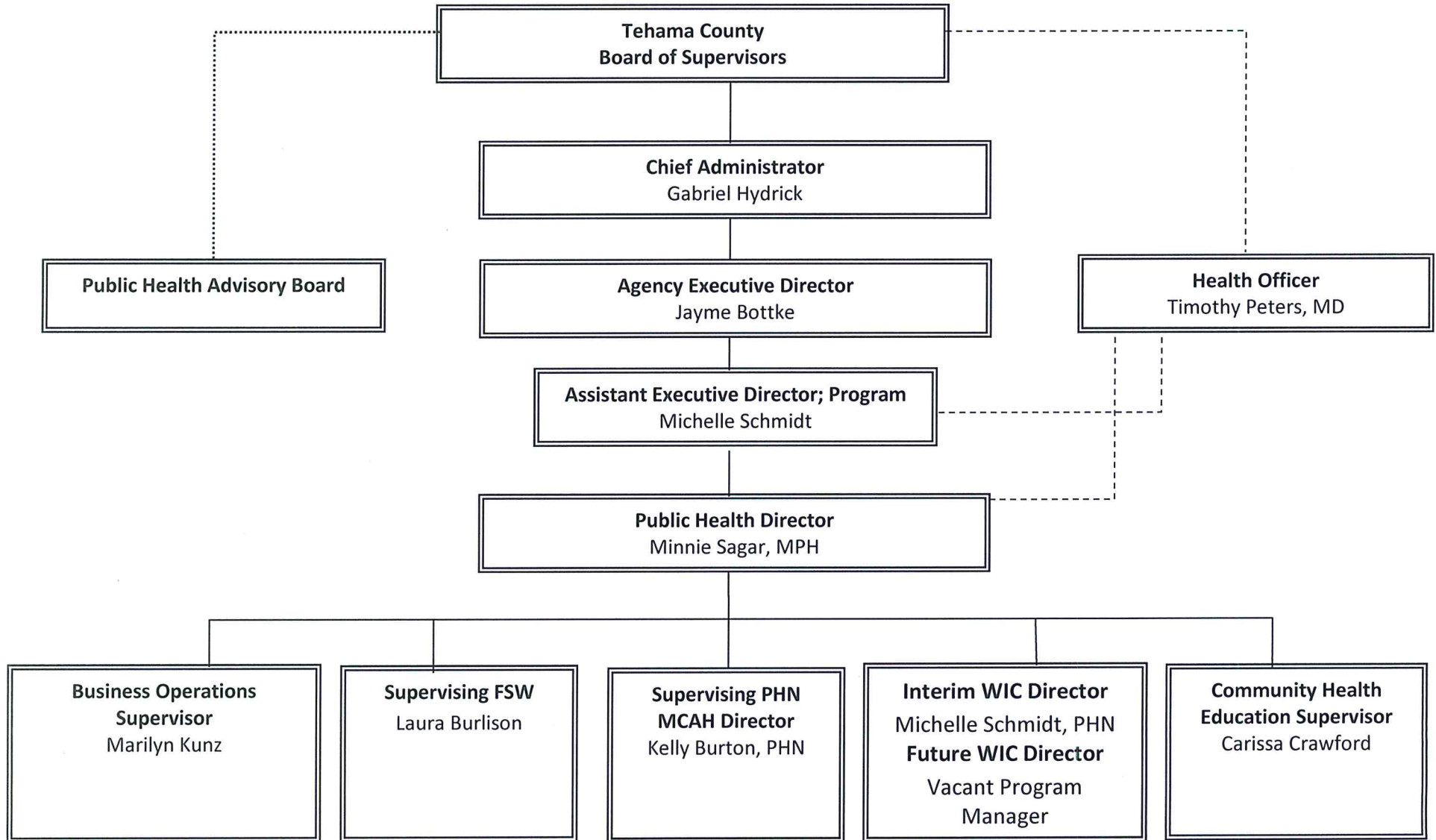
Sincerely,

Luz Lunetta, Accounting Reporting Section Chief
California Department of Public Health

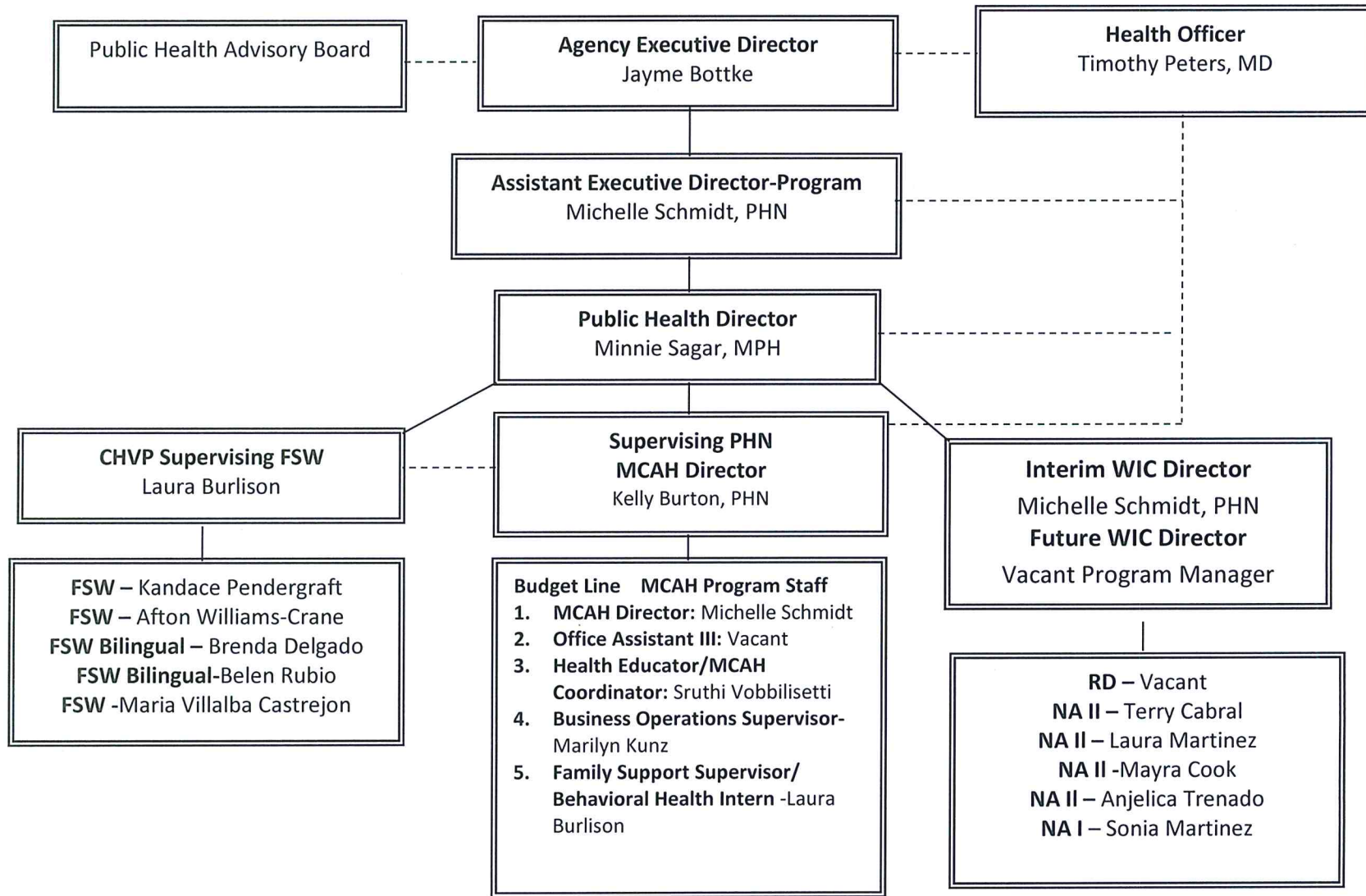
TEHAMA COUNTY HEALTH SERVICES AGENCY



**Tehama County Health Services Agency, Public Health Division
WIC Program Organizational Chart
Organizational Chart- Fiscal Year 2025-2026**



**Tehama County Health Services Agency
Public Health Division
WIC Program Organizational Chart
Organizational Chart Fiscal Year 2025-2026**

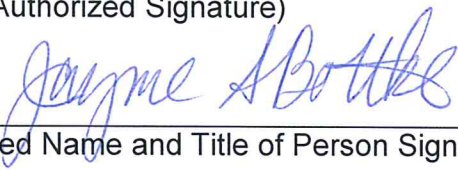


Contractor Certification Clauses

CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

| | |
|---|---------------------------|
| Contractor/Bidder Firm Name (Printed) | Federal ID Number |
| Tehama County Health Services Agency | 94-600543 |
| By (Authorized Signature) | |
|  | |
| Printed Name and Title of Person Signing | |
| Jayme Bottke, Executive Director | |
| Date Executed | Executed in the County of |
| 4-11-25 | Tehama |

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | |
|---|--------------------------|
| Proposer/Bidder Firm Name (Printed) | Federal ID Number |
| Tehama County Health Services Agency | 94-6000543 |
| By (Authorized Signature) | |
|  | |
| Printed Name and Title of Person Signing | |
| Jayme Bottke, Executive Director | |
| Executed in the County of | Executed in the State of |
| Tehama | CA |
| Date Executed | |
| 4-11-25 | |

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal
Government
Agency Name

Tehama County Health Services Agency

Remit-To
Address (Street
or PO Box)

P.O. Box 400

City

Red Bluff

State CA

Zip Code+4 96080

Government
Type:

☐

City

☒

County

☐

Special District

☐

Federal

☐

Other (Specify)

Federal
Employer
Identification
Number
(FEIN)

94-6000543

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID#
(if known)

0000107032

Dept/Division/Unit
Name

Health Services
Agency

Complete
Address

PO Box 400 Red Bluff,
CA 96080

FI\$Cal ID#
(if known)

Dept/Division/Unit
Name

Complete
Address

FI\$Cal ID#
(if known)

Dept/Division/Unit
Name

Complete
Address

FI\$Cal ID#
(if known)

Dept/Division/Unit
Name

Complete
Address

Contact Person

Deanna J. Gee

Title

Asst. Executive Director of Admin

Phone number

530-528-3269

E-mail address

deanna.gee@tchsa.net

Signature



Date

4/9/25

TRINCERTIFICATE NO.

ISSUE DATE

18974 AI

CERTIFICATE OF COVERAGE

7/1/2024

Trindel Insurance Fund
PO Box 2069
Weaverville, CA 96093

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE AFFORDED **A- Trindel Insurance Fund**

Member:

TEHAMA COUNTY
727 OAK STREET
RED BLUFF, CA 96080

COVERAGE AFFORDED **B**

COVERAGE AFFORDED **C**

COVERAGE AFFORDED **D**

Coverages

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF COVERAGE | MEMORANDUM NUMBER | COVERAGE EFFECTIVE DATE | COVERAGE EXPIRATION DATE | LIABILITY LIMITS |
|--------|--|-------------------|-------------------------|--------------------------|---|
| A | <input checked="" type="checkbox"/> Excess General Liability Aggregate Auto Workers' Compensation | GLMOC-2025 | 07/01/2024 | 07/01/2025 | \$ 1,000,000 \$ 2,000,000 \$ 1,000,000 Statutory Limits inclusive of the Member's Self-Insured Retention of \$250,000 |

Description of Operations/Locations/Vehicles/Special Items:

AS RESPECTS AGREEMENT BETWEEN TEHAMA COUNTY HEALTH SERVICES AGENCY AND STATE OF CALIFORNIA FOR THE OPERATION OF THE CALIFORNIA WIC PROGRAM.

STATE OF CALIFORNIA, ITS OFFICERS, AGENTS, EMPLOYEES AND SERVANTS ARE INCLUDED AS ADDITIONAL COVERED PARTIES, BUT ONLY WITH RESPECT TO WORK UNDER THIS CONTRACT.

EXCESS GENERAL LIABILITY LIMITS ARE BASED ON ANY ONE OCCURRENCE, OFFENSE, WRONGFUL ACT OR ANY COMBINATION THEREOF.

Certificate Holder

CDPH, WIC
3901 LENNANE DR., MS 8600
SACRAMENTO, CA 95834

Cancellation

SHOULD ANY OF THE ABOVE-DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE

